Dr. N. GEISSE (Bad-Ems) gives the following plan of treatment as practised by himself:—"Steam-baths: They increase the stream of the blood towards the external parts, produce warmth and perspiration. *Inhalations of Ozone*: Repeated rotations (from twenty to thirty each time) of an electrical machine develop ozone in the sick room; the inhalation of it raises the action of the heart, bloodvessels, and respiration; it increases warmth, brightens the face, and affords muscular power. *Phosphorus*: From five to ten drops of a solution (one grain of phosphorus and two drachms of spirits of wine) repeated from every half-hour to every two hours, according to the severity of the case. Phosphorus produces energetic activity of the heart, nerves, muscles, and bloodvessels; it increases warmth, vivifies all intellectual and corporeal powers, and augments the secretion of urine. Whilst steam-baths and ozone inhalation are only usually available in hospitals, phosphorus cannot be too highly recommended in private practice. Plenty of drink—as water, wine, brandy, beef-tea—is very necessary."

Dr. JULIUS ALTHAUS observes: "Some experiments which were lately made by Professor Horn, of Munich, seem to bring us a step in advance in our efforts to determine the nature of the choleraic poison. He connected the prime conductor of an electrical machine, the plate of which had a diameter of not less than three feet, with one end of a copper-wire, the other end of which was put into a tumblerful of water. The machine being put in action, this water was promptly ozonised. On the other hand, it was found that if one end of the wire was connected with the cushions instead of with the plate, so as to receive negative electricity, the water was impregnated with a cyanide. A person who frequently smelt at this water, and drank some of it, was seized with symptoms of severe cholera, which were, however, quickly arrested by drinking some of the ozonised water. In presence of these experiments it seems to me very important that the drinking-water of our present cholera fields should be examined for cyanides, more especially as there is considerable analogy between the symptoms of cholera and those of poisoning by cyanides. Many facts which have been brought to light by previous experience might be satisfactorily explained by assuming the choleraic poison to be a cyanide. Thus we know that water which has been boiled does not propagate cholera, which might thus be accounted for by the circumstance that all cyanides, when heated in the presence of water, are destroyed. Again, the undoubted efficacy of sulphuric and other acids in arresting the premonitory symptoms of the disease might be explained by the power mineral acids possess of decomposing cyanides; and the failure of acids in the fully-developed disorder might be seen to depend upon the fact that acids, as such, only reach the alimentary canal, but not the blood. Lastly, we know that after storms, when the air is strongly ozonised, a decrease of cholera generally takes place; probably, again, owing to ozone decomposing the cyanic poison. Might we not, therefore, in view of the failure of all methods of treatment hitherto adopted, employ ozonised water as an antidote in the treatment of cholera? And might we not use means of artificially ozonising the air of our present cholera districts?"

Mr. JOHN BUTTERS (Liverpool) writes:—"During the prevailing epidemic of cholera, I have several times observed roseolar eruptions in cases where opium had not been administered. The rash sometimes closely simulates measles. In one case, a child of parents who had died of cholera, this measly eruption appeared before the ordinary symptoms of cholera came on, and was actually mistaken for measles, and sent to hospital, where cholera soon manifested itself. In other cases, I have observed during the secondary fever a rash closely resembling, if not identical with, the mulberry rash of typhus, making the case so much like one of that disease that diagnosis would have been almost impossible without a knowledge of the previous history of the case."

Correspondence.

"Audi alteram partem."

CERTIFICATES OF LUNACY.

To the Editor of THE LANCET.

SIR,—Without attempting to invalidate the judicious remarks made by you on the utility of the Commissioners in Lunacy, in relation to the case of attempted suicide for which

I gave a certificate that was not considered valid, I desire to offer two or three suggestions on a point of medical jurisprudence.

I think that in the proceedings of the Commissioners there should be more of the medical element and less of the legal. For instance, in my case, had the order of the Commissioners for the dismissal of the patient from the asylum been carried out, and suicide subsequently effected, it would have been a poor consolation to the Commissioners, who allowed that the woman was insane, to fall back on the fact that they had acted on the strict letter of the law. I would humbly suggest that it would be far better for the Commissioners to receive and act upon a medical opinion that is founded upon well-authenticated facts, than allow the risk to be run of a patient committing suicide, which might be prevented by proper restraint. Should it be thought expedient, let the witnesses to such facts be examined on oath before the committing magistrates. Such a proceeding would be in strict accordance with the every-day practice of criminal courts, where both judge and jury are continually influenced by, and act upon, the opinion of the medical witness, founded upon facts communicated by others, or hearsay evidence. It is not unfair to presume that in the trial of the notorious Palmer much weight was attached to the opinion, founded on hearsay evidence, of the late Sir Benjamin Brodie and of other medical witnesses. Let me remark, in conclusion, that there are numbers of cases of lunatics, especially in monomaniacs, where a formal medical examination would fail to detect symptoms of insanity which might be plainly manifest to those who were in constant communication with them.

I remain, Sir, your obedient servant,

Ludlow, Sept. 30th, 1866.

HENRY MEYMOTT.

* * Our correspondent has not quite understood our remarks on his former letter. In his present one he seems to mistake the functions of the Commissioners in Lunacy. They do not make the law; they administer it. Insanity being a disease, it is fitting that medical men should decide upon its existence, and the law allows them to do so under certain restrictions, which should be well understood, and most strictly obeyed. The suggestion that two witnesses should swear to facts they observed, and that on their certificates, certificates of lunacy should be signed, would alter the whole character of certificates, which should be solely medical. In our opinion, the Commissioners would have neglected their duty if they had not insisted upon the amendment of the certificate in question. We shall take an opportunity of examining how far attempts at suicide ought to be taken as proofs of unsoundness of mind.

REGINA VERSUS TOOMER.

To the Editor of THE LANCET.

SIR,—The accompanying letter I received some few days since from Dr. Brinton, and as he authorises me to make whatever use of it I think fit, I send it you.

I am, Sir, your obedient servant,

Reading, Oct. 3rd, 1866.

OLIVER CALLEY MAURICE.

24, Upper Brook-street, Grosvenor-square, Sept. 19th, 1866.

DEAR MR. MAURICE,—If the expression of my opinion, as that of a lecturer on Forensic Medicine during many years at one of the largest British hospitals, can at all serve the ends of justice in the case of Toomer, you are welcome to make what use of it you may think fit.

I am not Toomer's advocate, and therefore do not hesitate, for the sake of truth generally, to risk part of the force of what I may say as to his case, by enunciating the broad proposition (however many may dissent from it) that on physiological grounds the possibility of rape demands something more than the ordinary disparity of strength between the two sexes. Whether that disparity be of age, numbers, or strength—including in the latter, narcotism, syncope, &c.—the presumption of its having existed ought always to be raised by the evidence. The yielding of the alleged victim is, of course, possible enough; and the motive for yielding—fear of death, or what not,—a very proper question (and a very difficult one) for a jury. Medically, however, such a yielding takes the case out of the category of rape, and deprives us of medical evidence *pro* or *con.*, and is (of course) quite inapplicable to

cases in which the prosecutrix claims to have resisted to the last.

I carefully read the medical evidence in Toomer's case. It is hardly necessary to say that it utterly contradicts the conclusion which the jury seem to have arrived at. It would be an insult to the profession, and a needlessly disgusting task, to put, side by side with the depositions in Toomer's case, the details of an average instance from the vast casuistry of Forensic Medicine.

The non-medical evidence I forbear to go into, being unable to add one word to the really admirable handling it has received from our English press. But I can add that an eminent foreign jurist, with whom I lately spent a long railway day abroad, was fairly horrified at the miscarriage of British justice exhibited in this shocking case.

Ever, dear Mr. Maurice, yours very sincerely,

WILLIAM BRINTON.

TREATMENT OF CHOLERA.

To the Editor of THE LANCET.

SIR,—Feeling it to be the duty of every medical gentleman to communicate the results of his experiences at this time for the public benefit, I offer no apology for troubling you with these few lines, the fruit of fifty years' practice, believing that we are all acting from like motives.

Without wasting time in discussing theories on cholera, when the moment for prompt action has arrived, I felt it to be of the greatest importance to endeavour to allay the excessive action of the intestines. I found no agent more powerful than opium. I used it in 1832 and every subsequent outbreak of cholera with happy effect, and I found that the earlier in the attack it was administered the less was the quantity required and the more favourable was the result. Two grains of the powder of opium (the finer divided the more efficient) given to an adult in the first stage has often been sufficient to arrest the cramps and purging, but I have repeated that quantity in less than two hours, and again in three or four hours, until the command of the bowel was attained. Restoratives, such as beef-tea, brandy, port wine, &c., and of medicines, chloric and sulphuric ethers, ammonia, camphor, *et iis similia*, given in small quantities and at short intervals, as the vomiting permitted.

Under this treatment the cramps generally subsided, and the choleraic discharge was so reduced that the immediate danger was averted, and time gained for other applications; but *pari ratione*, I could not administer medicines the known effect of which is to produce increased action in the bowels.

Selecting two patients who came under my care on Sept. 30th, and in whose treatment I have been most kindly aided by Mr. Beale, of Long-acre: the female required twelve grains and the male ten grains, and both are now (Oct. 3rd) slowly emerging from the state of collapse in which I found them.

In 1849 a female patient required eighteen grains before the beneficial result was attained, but she lives now, a proof of the efficacy of the treatment; any inconvenience following from head symptoms being the least of two evils, and more easily remedied than cholera.

I am, Sir, yours very faithfully,

JAMES LEONARD, M.R.C.S.,

District Medical Officer, St. Martin-in-the-Fields.

Salisbury-street, Strand, Oct. 1866.

NEWCASTLE-ON-TYNE.

(FROM OUR OWN CORRESPONDENT.)

FROM the medical report of that excellent institution, the Convalescent Home at Marsden, it appears that "during the past year there were 222 admissions: an increase of 58 over the year 1864. Of the number, 104 had been previously in the Newcastle Infirmary, 95 having been received free of payment. At the commencement of the year 6 patients were undergoing their term of residence, making the aggregate of 228 individuals recovering from the effects of operations, accidents, debility after illness or consequent upon some constitutional weakness, for whom a change of air to the seaside has been provided during the past year. Anterior to the time referred to, 323 patients had been admitted. Thus since the

Home was opened in December, 1862, 551 poor persons, disabled by sickness, have participated in its benefits." From the amount of good effected by this little institution, which has well earned a high position in the estimation of the profession and the public, some idea may be formed of the benefits likely to proceed from the operations of the noble institution about to be erected at Whitley.

With regard to cholera, although we hear of occasional cases occurring here and in the neighbouring towns, it does not appear to assume an epidemic form, nor is there any unusual amount of diarrhoea prevalent. Sunderland, however, appears to be threatened with an outbreak. Dr. Evans has reported six additional cases of Asiatic cholera from there as occurring last week, of which four proved fatal.

Scarlatina and measles are very prevalent here: the former is of the malignant type; the latter is mild, and prevails most extensively. There has been quite an outbreak of measles at the Newcastle Union Workhouse, where Mr. Hardcastle has treated about sixty-six cases, and has been fortunate in having only two deaths. The workhouse occupies a very healthy situation, and this may account in some measure for the low mortality which has prevailed; but it is also due in part to the careful nursing the patients received, and the judicious means which were taken to prevent a concentration of the infection.

The Sanitary Act is working well here; and if our authorities persevere in putting into force the powers given them by the provisions of this wholesome enactment, Newcastle and the sister borough (Gateshead) may some day arise purified, even without fire, which has hitherto, it must be admitted, effected more permanent good than any number of magistrates' orders; for, under the old systems, tenements were only closed up under the panic of pestilence, to be opened in a worse state than before when the hurricane had abated. Here is an example from a group of cases brought before our magistrates on September 28th:—"The defendant was charged with having four rooms so damp and dilapidated as to be unfit for human habitation, a nuisance, and injurious to health. The inspector found two of the rooms down stairs occupied by Peter Smith, his wife, and six children. The two rooms up stairs were inhabited by James Wilson, his three children, and his housekeeper. The ceilings were wet and hanging, and in one room entirely off, so that the apartment was quite open to the sky. The windows were broken; and in a small back place was an open privy, which had never been cleared out for years." If the proprietors of such dens were poverty-stricken themselves, of course there would be abundant excuse for their condition; but it is not so, in most instances at all events, here. The owners are persons in good positions, reaping large profits from these miserable habitations. Would that they could be compelled to occupy these tenements themselves for a period!

Newcastle-on-Tyne, Sept. 29th, 1866.

FRENCH JURISPRUDENCE.—Duke Caderousse-Gramont died a short time ago of phthisis, leaving the bulk of his large fortune to his physician, Dr. Délat. The Duke's prodigality had been so notorious that the family had interfered a few years ago and obtained some control over the property. Piqued at these proceedings, the deceased had intended, by his will, to frustrate the rightful heirs. The latter attacked the will, and easily had it declared null and void, as, by the French law, the medical man in attendance on a testator cannot be made heir to the latter.

SLOUGHING TREATED BY THE DIPSACUS SYLVESTRIS.

—M. Beullard states, in a paper addressed to the Academy of Sciences of Paris, that for the last fifteen years he has successfully controlled gangrenous wounds with the green leaves of the *Dipsacus sylvestris* carefully chopped and pounded. The author, after having removed all sloughing shreds, washes the wound with chlorinated water and fills it with the chopped leaves. This needs to be changed but once in twenty-four hours, and in two days the wound looks healthy and granulating. As the stem remains green only during the latter part of the spring and the beginning of summer, the aqueous extract may be used with the best results, made into a paste with water. [This may be quite correct; but it should not be forgotten that nitric acid followed by the old carrot poultice is quite as efficacious, if not more so.]

DR. HILL has conducted, by order of the Poor-law Commissioners, a sworn investigation into a charge of neglect in a cholera case brought against Dr. Murdock, one of the medical officers of the dispensary, Donnybrook.